



CITY OF CALEXICO

Vendor Registration Form

Return this form to: City of Calexico, Finance Department
608 Heber Avenue, Calexico, CA 92231 (760) 768-2133; or **Fax to:** (760) 768-2125

Name of Business _____

Business Address _____

Remittance Address (if different from Business Address) _____

Mail Bidding Forms to: _____

(Representative/Contact Name and Title)

Telephone: () _____ Fax: () _____ email: _____

How long in present business? Yrs. _____ Mos. _____ Number of Employees: _____

Check type of ownership: ☐ Individual 1099, Provide Social Security Number: _____

☐ Partnership ☐ Corporation, list Federal I.D. Number: _____

List below those supplies, materials and/or services that your company can supply to the City.

(Business cards and line sheet may be supplied)

Check below the category that applies to the applicant.

☐ Manufacturer/Producer ☐ Distributor ☐ Service
☐ Wholesaler ☐ Retailer ☐ Construction

Do you meet the requirements of a small business under Title 2, Subchapter 8 of the State of California Administrative Code: ☐ Yes ☐ No

Is your firm owned by at least 51% of one of the following groups? (*check only one*)

☐ American Indian ☐ Alaskan Native ☐ African American ☐ Woman-owned ☐ Asian American
☐ Filipino ☐ Hispanic ☐ Caucasian ☐ Other (specify) _____

If your company is based in California,
provide retailer's permit serial number: _____

Provide retailer's Certificate of
Registration-Use Tax if out-of-state

City of Calexico Business License: ☐ Yes ☐ No

Business License is required if conducting business in the City of Calexico

City Business License # _____

Expiration Date: _____

The undersigned hereby certifies that the above and foregoing information is a full, true, and correct statement of the facts.

Signature

Title

Date